



Maricopa Medical Center
Department of Internal Medicine
2601 E. Roosevelt Street, # 0D10
Phoenix, AZ 85008
Phone (602) 344-1218 Fax (602) 344-1488

Listed below are requirements for requesting clerkship/elective or observer rotations. Please provide the following documentation:

All U.S. Medical Schools

- A **signed** copy of the clinical clerkship/elective application
- Letter from the Dean of your medical school stating approval of this rotation and class rank
- Certificate of liability insurance from your medical school

Requirements for liability insurance are as follows:

\$1 million per incident (US Dollars)

\$3 million aggregate (US Dollars)

- Immunization records to include:
 - Measles-Mumps-Rubella (MMR) Vaccine
 - Hepatitis B Vaccine
 - Tetanus-Diphtheria Vaccine (Tetanus must be within the last 10 years)
 - Varicella (Chicken Pox) Vaccine or written proof from physician that you are immune
 - proof of a TB skin test (**dated within one year of rotation start date**)
- Proof of personal health insurance
- Verification of HIPAA training
- Copy of USMLE / COMLEX Board scores (application will not be reviewed without a copy)
- Copy of school ID, Passport or State Issued ID Card
- Curriculum Vitae

Foreign Medical Students

- All of the above
- Copy of USMLE scores – We require a score of 83 or better [205] or higher on Step I on the first attempt
- \$50.00 non-refundable application fee. Please make check or money order payable to Maricopa Medical Foundation.

Observers

- A **signed** copy of the clinical clerkship/elective application
- Curriculum Vitae
- Copy of USMLE scores - We require a score of 83 [205] or higher on Steps I and II on the first attempt
- Copy of medical school diploma
- Two letters of recommendation – preferably from any U.S. experience
- Immunization records to include:
 - Measles-Mumps-Rubella (MMR) Vaccine
 - Hepatitis B Vaccine
 - Tetanus-Diphtheria Vaccine (Tetanus must be within the last 10 years)
 - Varicella (Chicken Pox) Vaccine or written proof from physician that you are immune
 - proof of a TB skin test (**within one year of rotation start date**)
- Proof of personal health insurance
- \$50.00 non-refundable application fee. Please make check or money order payable to Maricopa Medical Foundation.

Return the completed application and the above requested forms to the attention of Karen Boettcher, Department of Medicine in care of the address listed above.

Students from medical schools **not** affiliated with Maricopa Medical Center are not allowed to rotate for more than eight weeks per academic year at Maricopa Medical Center. All forms are needed 90 days prior to the start of your first rotation.